

TCD Public Education Work Group Conference Call March 10, 2010

Facilitator: Liz Deken, State Health Alliances Director, American Heart Association

Co-Facilitator: Anita Berwanger, Heart Disease and Stroke Prevention Program

Liz welcomed new work group members including representatives from the trauma community. She reviewed the focus of the conference call:

- Guest presentation on evaluating community-wide campaigns
- Questions and answers
- Next steps

Presenter: Andy Riesenberg, Health Communications Specialist at the Centers for Disease Control and Prevention: **Innovative Strategies for Planning and Evaluating Community-Wide Campaigns.**

Mr. Riesenberg presented information regarding communication strategies that CDC grantees used when they promoted information for the CDC Division of Heart Disease and Stroke Prevention (HDSP). He stated that 41 states and the District of Columbia participate in state HDSP programs.

Mr. Riesenberg defined “signs” as what the clinicians discover during patient examination; and “symptoms” as the appearance or sensation experienced by a patient, i.e. what the public should recognize. (Example: Missourians should recognize “symptoms” of severe trauma, stroke, heart attack – and understand importance of calling 911.)

Please refer to Mr. Riesenberg’s PowerPoint presentation for this discussion of health marketing:

- “Sell” the benefits of the promoted behavior: How do the benefits out-weigh the cost (ex: how do the benefits of calling EMS out-weigh the concern about calling EMS)
- Limited resources: Identify/focus on a key audience (data presented at the January 13, 2010, conference call pointed to a focus on male/female age 45 and over)
- Plan for on-going evaluation and QI: How will you collect data to improve the TCD system messages (Example: Focus Group input on draft TCD public education products; then use an on-going survey to garner input as EMS, hospitals and others use the TCD public education products; then use survey comments to help upgrade material periodically.)

Mr. Riesenberg discussed barriers and strategy

- Identify the TCD Product/Message: What’s the most important message(s) to address? Recognize “symptoms” of severe trauma, stroke, heart attack and understand importance of calling 911 (Example previously recommended by experts - When time is critical, EMS takes you to the right place, for the right care, in the right amount of time.)
- Promotion (of TCD messages): EMS, hospitals, and system stakeholders are creditable sources of health related education – Missourians value their TCD health care providers.
- Build a strong TCD brand. The message needs to make people listen and want to engage – disruptive enough to get attention. Consider using survivors, faith leaders, peers.
- For the money invested, a message performs better, and cuts through the clutter, when everyone uses a uniform look and voice. Providers need a way to co-brand TCD messages with their logo and slogan.

- Placement: Billboards, radio, TV, kiosk, on-line, newspaper. (TCD providers and stakeholders have experience in health education and know what works for their region of the state.)

Discussion and Questions/Answers:

- How will we process all of this fantastic information? Liz responded that the workgroup will get the opportunity to do this on the next conference call.
- An observation was made that the New Haven, CT campaign should prove useful to Missouri due to the way that TCD works at the community level. Liz added that TCD messaging will be distributed by designated centers, the local public health agencies and EMS. Andy added that there is no “general public” and it is necessary to target the population at highest risk for the events such as the TIA patient at hospital discharge; people who drove to the ED so that next time they will call 911; or bystanders.
- Can we look at the formative research or do we need to do our own research? Andy said to look at the formative research that exists, but note that much of this data is getting outdated with the evolution of media in the past few years. Also need to consider the unique attributes of our state – what worked elsewhere may not work here. We could test already developed materials in the focus group setting. Build on what’s there but consider how to move the efforts forward.

Liz requested that the workgroup review the information from today’s presentation before the next call. If members have any questions before the next call, contact Liz or Anita.

The next conference call will be held on Wednesday, April 14, 2010 from 3:30 – 5:00 p.m. An agenda will be sent at a later time. Discussion topics will include a workgroup charter, tasks and timeline for this project, priority audiences for TCD and next steps.